

Tel # 617-727-6300 x25345

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Phone No. \_\_\_\_\_

Name	Social Security Number	Vendor	Date Vest Purchased	Threat Level (II, IIA, IIIA)	Price
For FIRST-TIME Reimbursement Only					
			TOTALS		

**Original Signature of Chief of Police or Chief Executive Officer  
(In blue ink)**

Date \_\_\_\_\_